

Table 12
North Carolina Medicaid
State Fiscal Year 2000
Service Expenditures For Selected Major Medical Services By Program Category

| <u>Type of Service</u> | <u>Total</u> | <u>Percent of Service Dollars</u> | <u>Aged</u> | <u>MQBQ* Qualified Medicare Beneficiary</u> | <u>MQBB+MQBE Part B Premium Only</u> | <u>Blind</u> | <u>Disabled</u> | <u>Other Adult**</u> | <u>Children***</u> | <u>Aliens & Refugees</u> | <u>Adjustments Unattributable To A Specific Category</u> |
|--|-------------------------|-----------------------------------|-------------------------|---|--------------------------------------|----------------------|-------------------------|-----------------------|-----------------------|------------------------------|--|
| Inpatient Hospital | \$ 736,135,229 | 15.3% | \$ 19,851,551 | \$ 224,869 | \$ - | \$ 2,445,500 | \$ 326,859,313 | \$ 165,494,842 | \$206,386,653 | \$ 19,718,213 | \$ (4,845,713) |
| Outpatient Hospital | 272,258,247 | 5.7% | 31,162,668 | 783,464 | - | 951,355 | 113,552,563 | 65,473,256 | 64,236,173 | 584,389 | (4,485,620) |
| Mental Hospital (> 65) | 8,597,352 | 0.2% | 8,602,439 | 3,686 | - | (8,581) | - | - | - | - | (192) |
| Psychiatric Hospital (< 21) | 14,466,273 | 0.3% | - | - | - | 2,638 | 4,057,773 | 17,795 | 10,416,560 | - | (28,492) |
| Physician | 432,332,656 | 9.0% | 50,133,695 | 881,015 | 361 | 1,185,587 | 134,109,172 | 103,578,481 | 139,700,839 | 5,596,917 | (2,853,412) |
| Clinics | 303,962,885 | 6.3% | 11,091,768 | 176,817 | 519 | 709,487 | 140,018,774 | 38,197,015 | 116,424,202 | 709,852 | (3,365,549) |
| Nursing Facility: | | | | | | | | | | | |
| Skilled Level | 423,583,541 | 8.8% | 366,198,705 | 3,743 | - | 1,265,457 | 56,400,310 | 47,059 | 22,268 | 114 | (354,116) |
| Intermediate Level | 386,455,052 | 8.1% | 353,256,340 | 310 | - | 1,362,946 | 31,876,238 | 795 | 79,337 | 5,300 | (126,214) |
| Intermediate Care Facility (Mentally Retarded) | 382,313,189 | 8.0% | 18,698,319 | - | - | 6,765,399 | 353,444,238 | 31,592 | 3,408,490 | - | (34,849) |
| Dental | 57,586,942 | 1.2% | 7,136,065 | 559 | - | 113,251 | 15,660,781 | 9,093,549 | 25,534,095 | 173,957 | (125,316) |
| Prescription Drugs | 754,505,194 | 15.7% | 270,072,626 | - | - | 3,228,032 | 359,524,944 | 51,187,512 | 70,723,821 | 79,912 | (311,653) |
| Home Health | 120,042,028 | 2.5% | 24,048,066 | 6,017 | - | 1,065,056 | 81,399,927 | 4,656,961 | 9,348,285 | 24,354 | (506,639) |
| CAP/Disabled Adult | 172,223,094 | 3.6% | 131,628,916 | - | - | 1,368,543 | 39,541,357 | - | - | - | (315,723) |
| CAP/Mentally Retarded | 181,279,890 | 3.8% | 3,364,453 | - | - | 1,841,117 | 174,476,063 | - | 2,041,703 | - | (443,446) |
| CAP/Children | 12,324,578 | 0.3% | - | - | - | - | 11,980,624 | - | 349,689 | - | (5,735) |
| Personal Care | 92,949,966 | 1.9% | 67,432,998 | 1,311 | - | 1,124,325 | 24,271,355 | 350,898 | 145,214 | 852 | (376,988) |
| Hospice | 9,697,636 | 0.2% | 4,295,852 | - | - | 18,669 | 5,164,068 | 183,393 | 81,970 | - | (46,316) |
| EPSDT (Health Check) | 34,517,253 | 0.7% | 463 | - | - | 6,688 | 1,096,275 | 31,323 | 33,437,265 | 8,727 | (63,487) |
| Lab & X-ray | 12,901,530 | 0.3% | 71,684 | 602 | - | 33,783 | 3,050,463 | 5,461,794 | 4,283,310 | 23,582 | (23,688) |
| Adult Home Care | 86,941,136 | 1.8% | 52,975,641 | 3,773 | 29,604 | 274,069 | 33,685,057 | 3,005 | 8,967 | - | (38,979) |
| Other Services | 84,401,440 | 1.8% | 9,895,168 | 67,941 | - | 232,862 | 28,544,439 | 18,961,288 | 26,898,198 | 63,968 | (262,425) |
| Total Services | 4,579,475,109 | 95.5% | 1,429,917,417 | 2,154,106 | 30,484 | 23,986,184 | 1,938,713,734 | 462,770,558 | 713,527,038 | 26,990,137 | (18,614,550) |
| Medicaid: | | | | | | | | | | | |
| Part A Premiums | 40,608,106 | 0.8% | 40,101,992 | 19,187 | - | 609,176 | 6,076 | - | - | - | (128,325) |
| Part B Premiums | 124,848,999 | 2.6% | 71,144,225 | 1,058,808 | 14,991,611 | 546,607 | 36,666,148 | 255,181 | 9,282 | (91) | 177,228 |
| HMO Premiums | 51,750,006 | 1.1% | 78 | - | - | 173,001 | 15,804,976 | 12,208,030 | 23,560,717 | 3,204 | - |
| Total Premiums | 217,207,110 | 4.5% | 111,246,294 | 1,077,995 | 14,991,611 | 1,328,785 | 52,477,200 | 12,463,210 | 23,569,999 | 3,113 | 48,903 |
| Grand Total Services and Premiums | \$ 4,796,682,219 | | \$ 1,541,163,711 | \$ 3,232,101 | \$ 15,022,095 | \$ 25,314,969 | \$ 1,991,190,933 | \$ 475,233,768 | \$ 737,097,037 | 26,993,251 | (18,565,646) |

Note: Grand Total Expenditures do not include adjustments processed by DMA, settlements, Disproportionate Share Costs and State and County Administration costs.

* Reflects expenditures for those who were eligible as QMBs at the end of the year. As a result, expenditures include more services than are available through QMB coverage.(Medicare-covered services only.)

** Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & Over under TANF or AFDC Related coverage.

*** Includes SOBRA Children, individuals under age 21 in TANF or AFDC Related coverages, or Other Children in Foster Care.